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United for Quality Care

Fact Sheet: High Meadows Residential Treatment Center

- High Meadows is a 43 bed facility for male youth with **significant emotional and behavioral problems, complex medical issues** and who may also have developmental disabilities. Currently, High Meadows operates at a census of 36 due to ongoing construction.
- High Meadows admits adolescents who have disruptive behaviors from other in-state treatment facilities, adolescents returning to Connecticut from out-of-state care, adolescents who are in need of sub-acute treatment from inpatient psychiatric settings and adolescents who need specialized treatment not available in the private sector.
- High Meadows is the **only residential treatment facility in the state that provides 24 hour nursing/medical coverage**, allowing the admission of medically complex children and adolescents. This includes insulin dependent diabetes mellitus, serious orthopedic injuries, significant neurological disorders including seizure disorders. In many situations, these residents have had medical conditions identified while at High Meadows, such as genetic abnormalities, cardiac conditions or respiratory problems that had gone undiagnosed in previous placements.
- High Meadows maintains close ties to the Yale specialty clinics in order to provide **seamless medical coverage for all residents**, especially medically complex cases.
- Most recently, High Meadows converted 55% of beds to accommodate the admission of developmentally delayed adolescents upon the closing of Lake Grove School in Durham. This required a reduction in census from 43 to 36, as many of the youth require single rooms to appropriately address all treatment issues.
- High Meadows only accepts referrals that have been rejected by other facilities (by both in and out-of-state facilities). Admission criteria include having medical and psychiatric needs beyond what private residential facilities will accept.
- 20% of all admissions are CT youth returning from **out of state placements** who were unsuccessfully treated in those placements.
- 59% of all admissions are a **result of treatment failures in lower levels of care**. This includes 25% of admissions from **private residential facilities unable to manage the complex medical and psychiatric problems**
- In 2008, High Meadows served a total of 95 residents and their families from all areas of the state. However, the cities with the highest utilization are **Hartford (20%), Metro New Haven (18%), Waterbury (14%), and the Greater New Haven Area (12%)**.
- High Meadows has the ability to be **flexible around age limitations**, expanding the usual age criteria of 12-20 to 9-21 based upon the level of urgency around the need for placement – generally surrounding complex medical issues
- 90% of all residents were discharged to lower levels of care in the community.

District 1199 Opposes the Proposed Closure of High Meadows.

My name is Isomar Vazquez; I reside at 235 Dorchester Ave. in Waterbury Connecticut. I am a youth leader with the Naugatuck Valley Project in Waterbury CT. I am 17 years old and a senior at Wilby High School and presently in the Allied Health Nursing Program.

I oppose the elimination of the funding for medical interpretation services. It is a needed service; people's lives are at risks when they cannot communicate effectively with their medical provider. If Hospitals were reimbursed to provide this service it would eliminate some of the barriers that are hindering the possibilities of providing better medical interpretation services.

I would like to share my story: At the age of 8 years old I had to interpret for my mother at all her Doctor's visit. Nine years ago her understanding of English was very limited and she was only able to speak just a few words, but not enough to communicate effectively in a medical setting.

My two other sisters who were adults were employed and not free to take the time off from work to go with my mother. I had to miss school many times to do this. Although I have always been close to my mother I felt very uncomfortable and embarrassed when I interpreted for her and I know that she felt the same for many things. Many times I didn't tell her everything that the Doctor was saying and she did not explain every thing to the Doctor because I was present.

In many occasions it was very difficult to explain the information back to my mother because I was a child and not an adult trained interpreter. Many times the words were too difficult to go back and forth in Spanish and English.

When I look back now, my mothers' health was at risk many times, and so are many people that need medical interpretation. Today, my trips to the Doctor with my mother are only a few because her English has improved.

Many of my friends have experience the same. They have to miss days of school to accompany their parents or relatives to provide interpretation for them. I feel that children should not be interpreting. This is a task for trained adults. If adequate funding is available, the hospitals will be able to deal with the big demand that this service has and will do a better job providing it as well. I ask of you to look into this issue deeply and try to keep the funding for medical interpretation services.

Thank You
I. V.

Testimony to the Appropriations Committee, on behalf of funding for medical interpretation services.

February 18, 2009

My name is Elizabeth Rosa; I reside at 316 Hilltop Road, Oakville CT. I am staff organizer for Naugatuck Valley Project in Waterbury. For the past 5 years I have been working with the English limited residents of the valley to secure better interpretation services in our local hospitals and clinics.

Medical Interpretation is a proven need as we have extended our work to speak with residents in the valley whose health have been in danger because of the need of better medical interpretation services. These are some of the stories that we have heard from some residents:

- "I waited so long in the waiting room for someone to show up to help me communicate that I miscarried my first child."
- "I have to wait for days before my husband or someone else could take off from work to help me with my appointments. This causes me to miss many appointments and limits a good follow with my doctor."
- "My son who is only a teenager and has to miss days of school to go and interpret for me, this is very uncomfortable for him as well as for me."
- "I was given a telephone to receive the interpretation service, but there are many situations that a face-to-face interpreter is the ideal form to provide this service."

The stories could go forever but who is listening? Today, someone is listening and I am very thankful for this opportunity.

I came to this country when I was 10 years old. I was an A student in my English class back in my country, but when I came to this state I was not able to speak a complete sentence in English. I found myself trying to interpret for my mother and this was not an easy task. Many years has come and gone and today children are in the same situation.

I am aware that it takes a few years to become fluent in another language and it is during that crucial time that patients need, the best medical interpretation services available. Why?, Because it is that service alone that could save their life.

The funding is needed for the hospitals who are already providing some of the services to continue doing their best to improve. A lot of work around this issue needs to be done. Not having the funds will hinder the health of many of our residents. I urge you today to say yes to keeping funding medical interpretation services.

Thank You
E. Rosa